Fill in this informat	tion to identify your case:	
Debtor 1	Douglas A Staffin	
Debtor 2 (Spouse, if filing)	Dawn R Staffin	
United States Ban	skruptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number	14-58663	Check if this is:
(If known)		■ An amended filing □ A supplement showing postpetition chapter
Official Fo	rm 106l	13 income as of the following date:
Official 1 0	1111 1001	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Driver	Accounts payable
	Include part-time, seasonal, or self-employed work.	Employer's name	FedEx Freight	PPG
	Occupation may include student or homemaker, if it applies.	Employer's address	Payroll Services Germantown, TN 38138	One PPG Place Pittsburgh, PA 15272
		How long employed the	here? 10 years	3 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,173.13 \$ 2,817.57

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Debt Debt		Douglas A Staffin Dawn R Staffin	-	Cas	se number (if known)	14-58663		
				F	or Debtor 1	For Debt	or 2 or g spouse	
	Cop	y line 4 here	4.	\$	5,173.13	\$	2,817.57	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,402.44	\$	504.25	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	109.16	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	663.43	\$	1.80	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g. 5h.	Union dues Other deductions, Specific Advance Bauback	5g.	\$ \$	0.00		0.00	
	511.	Other deductions. Specify: Advance Payback Auto and Home Insurance	_ 5h.+	ъ \$	0.00	+ \$	1,009.00 147.08	
		401K Loan 1	_	\$	0.00	\$	109.41	
		401K Loan 2	_	\$	0.00	\$	44.57	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	\$	2,065.87	\$	1,925.27	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$		\$	892.30	
8.		all other income regularly received: Net income from rental property and from operating a business,	7.	Φ.	3,107.26	Φ	892.30	
		profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,107.26 + \$_	892.3	= \$;	3,999.56
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•	ed in <i>Sched</i>	<i>lule J.</i> 1. + \$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certainies					2. \$	3,999.56
	чрр							
13.	Do :	you expect an increase or decrease within the year after you file this form'	?				Combine monthly	
	_	Yes. Explain: Debtor is currently receiveing some overtime, bu	t this	wil	I end when the	holidav se	ason is ov	er.

						Ī		
Fill	in this info	rmation to identify yo	our case:					
Deb	otor 1	Douglas A S	taffin			Che	eck if this is:	
Dob	otor 2	D D 04-6	c:			_	An amended filing	
	ouse, if filing	Dawn R Staf	TIN				13 expenses as of	wing postpetition chapter the following date:
		,	001171	IEDN DIOTDIOT OF OUIO				
Unit	ted States B	ankruptcy Court for the	5001	IERN DISTRICT OF OHIO			MM / DD / YYYY	
	e number nown)	14-58663						
(II K	nown)							
O.	fficial I	Form 106J						
S	chedu	le J: Your l	Exper	nses				12/1
Be info nur	as comple ormation. mber (if kr	ete and accurate as If more space is ne nown). Answer ever	possible eded, atta y questio	. If two married people ar				
Par 1.		escribe Your House joint case?	hold					
١.		io to line 2.						
		Does Debtor 2 live i	n a separ	ate household?				
	_	■ No						
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	btor 2.	
2.	Do you l	have dependents?	■ No					
	Do not lis	st Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not st	tate the						□ No
	depende	nts names.						☐ Yes
								□ No
								□ Yes □ No
								☐ Yes
								□ No
	_							☐ Yes
3.		expenses include es of people other the	han	No				
		and your depende		Yes				
Par	t 2: Es	stimate Your Ongoi	ng Monthi	ly Expenses				
exp	imate you	r expenses as of your of a date after the b	our bankr	uptcy filing date unless y y is filed. If this is a supp				
the	value of s	such assistance and	non-cash d have ind	government assistance it	f you know 'our Income		Your exp	onege
(Of	ficial Forn	n 106I.)					Tour exp	CIISCS
4.		al or home owners s and any rent for the		ses for your residence. In	nclude first mortgage	e 4.	\$	0.00
	If not inc	cluded in line 4:						
	4a. Re	eal estate taxes				4a.	\$	75.00
		operty, homeowner's				4b.	·	0.00
		ome maintenance, re				4c.	·	125.00
5.		omeowner's associat nal mortgage payme		dominium dues our residence, such as ho	me equity loans	4d. 5.	•	0.00 0.00
		, ,	•	•				

Case 2:14-bk-58663 Doc 46 Filed 08/14/17 Entered 08/14/17 14:55:02 Desc Main Document Page 4 of 4

	tor 1 Douglas A Staff tor 2 Dawn R Staffin	in	Case nun	nber (if known)	14-58663
6.	Utilities:				
	6a. Electricity, heat, na		6a.	\$	350.00
	6b. Water, sewer, garb	age collection	6b.	\$	75.00
	6c. Telephone, cell pho	one, Internet, satellite, and cable services	6c.	\$	150.00
	6d. Other. Specify: C	Cell Phone	6d.	\$	245.00
7.	Food and housekeeping	supplies	7.	\$	550.00
8.	Childcare and children's	s education costs	8.	\$	0.00
9.	Clothing, laundry, and d	Iry cleaning	9.	\$	100.00
10.	Personal care products	and services	10.	\$	100.00
11.	Medical and dental expe	enses	11.	\$	125.00
12.	•	gas, maintenance, bus or train fare.	12.	•	500.00
40	Do not include car payme			· -	
		ecreation, newspapers, magazines, and books	13.	· -	75.00
		s and religious donations	14.	\$	0.00
15.	Insurance.	de deste d'Esperance de la College d'a l'acceptant de College de C			
	15a. Life insurance	deducted from your pay or included in lines 4 or 20.	15a.	¢	0.00
	15b. Health insurance		15a. 15b.		0.00
				· -	0.00
	15c. Vehicle insurance	,,	15c.	·	0.00
4.0	15d. Other insurance. Sp	·	15d.	\$	0.00
	Specify:	xes deducted from your pay or included in lines 4 or 20). 16.	\$	0.00
17.	Installment or lease pay 17a. Car payments for V		170	œ	0.00
			17a.	·	0.00
	17b. Car payments for V	enicie 2	17b.		0.00
	17c. Other. Specify:		17c.	· -	0.00
	17d. Other. Specify:		17d.	\$	0.00
18.		ony, maintenance, and support that you did not rep		\$	0.00
19.		on line 5, Schedule I, Your Income (Official Form 1 like to support others who do not live with you.	1061).	\$	0.00
13.	Specify:	Re to support others who do not live with you.	19.		0.00
20.		enses not included in lines 4 or 5 of this form or on			
	20a. Mortgages on other		20a.		0.00
	20b. Real estate taxes		20b.	·	0.00
		ner's, or renter's insurance	20c.	·	0.00
	20d. Maintenance, repai	•	20d.	· -	0.00
	•	ociation or condominium dues	20e.		0.00
21.		ciation of condominatin ducs		+\$	0.00
۷۱.	Other. Specify.			ΤΦ	0.00
22.	Calculate your monthly	•			
	22a. Add lines 4 through 2			\$	2,470.00
	22b. Copy line 22 (month)	ly expenses for Debtor 2), if any, from Official Form 10	6J-2	\$	
	22c. Add line 22a and 22b	b. The result is your monthly expenses.		\$	2,470.00
00	Calaulata wawa manthi				
23.	Calculate your monthly	combined monthly income) from Schedule I.	23a.	œ	2 000 50
				·	3,999.56
	23b. Copy your monthly	expenses from line 22c above.	23b.	-\$	2,470.00
	23c. Subtract your mont The result is your <i>n</i>	thly expenses from your monthly income. nonthly net income.	23c.	\$	1,529.56
24.					ease or decrease because of a
	LAPIGIII	11010.			